JĈOS Rec'd PCT/PTO 19 OCT 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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34,408

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19-17-05

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## Rec'd PCT TO 19 OCT 2803

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Indigithe Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number

| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2005  |                             |                | Complete if Known          |                         |                               |                                 |  |
|--|-----------------------------|----------------|----------------------------|-------------------------|-------------------------------|---------------------------------|--|
|  |                             |                | Application Number         | ation Number 10/523,219 |                               |                                 |  |
|  |                             |                | Filing Date                | January                 | January 31, 2005              |                                 |  |
|  |                             |                | First Named Inver          | ntor Michlitsc          | Michlitsch, K.                |                                 |  |
| Applicant claims small entity status. See 37 CFR 1.27  |                             |                | Examiner Name              | Unassigr                | Jnassigned                    |                                 |  |
|  |                             | Art Unit       | Unassigr                   | Unassigned              |                               |                                 |  |
| TOTAL AMOUNT OF PAYMENT  | (\$)                        | 130.00         | Attorney Docket N          | lo. JM-045 l            | JS                            |                                 |  |
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| Check Credit Card Money Order None Other (please identify):  |                             |                |                            |                         |                               |                                 |  |
| Deposit Account Deposit Account Number: 50-2298 Deposit Account Name: Luce, Forward, Hamilton & Scripps LLP  |                             |                |                            |                         |                               |                                 |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                             |                |                            |                         |                               |                                 |  |
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| FEE CALCULATION  |                             |                |                            |                         |                               |                                 |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES  |                             |                |                            |                         |                               |                                 |  |
| FIL  | ING FEES.<br><u>Small E</u> | SEAF<br>Intity | RCH FEES I<br>Small Entity | EXAMINATIOI<br>Small    | N FEES<br>LEntity             |                                 |  |
| Application Type Fee   | (\$) <u>Fee</u> (           |                |                            |                         | e (\$) <u>Fe</u>              | es Paid (\$)                    |  |
| Utility 300  | 0 150                       | 500            | 250                        | 200 10                  | 00                            |                                 |  |
| Design 200   | 0 100                       | 100            | 50                         | 130                     | 55                            |                                 |  |
| Plant 200  | 0 100                       | 300            | 150                        | 160 8                   | 30                            | <u> </u>                        |  |
| Reissue 300  | 0 150                       | 500            | 250                        | 600 30                  |                               | <del></del>                     |  |
| Provisional 200  | 0 100                       | . 0            | 0 .                        | 0                       | 0                             | -                               |  |
| 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)  |                             |                |                            |                         |                               |                                 |  |
| Fee Description Each claim over 20 (including Reissues)  Fee (\$) 50 25  |                             |                |                            |                         |                               |                                 |  |
| Each independent claim over  |                             |                | 200 10                     | 0                       |                               |                                 |  |
| Multiple dependent claims  |                             |                | 360 18                     | _                       |                               |                                 |  |
| <u>Total Claims</u> <u>Extra</u><br>20 or HP =   | <u>Claims</u>               |                | e Paid (\$)                | _                       | lultiple Dependen<br>Fee (\$) | <u>nt Claims</u><br>e Paid (\$) |  |
| HP = highest number of total claims  |                             |                | <del>-</del>               |                         | <u>- 166 (4)</u>              | <u>e r alu (\$)</u>             |  |
| Indep. Claims Extra 3 or HP =  | Claims<br>x                 |                | <u>Paid (\$)</u>           | 10/25/2005 ਾਰ           | FREY1 0000009                 | 1 10523219                      |  |
| HP = highest number of independent claims paid for, if greater than 3. 01 FC:1617 130.00 C   |                             |                |                            |                         |                               |                                 |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer   |                             |                |                            |                         |                               |                                 |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50  |                             |                |                            |                         |                               |                                 |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)</u> |                             |                |                            |                         |                               |                                 |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |                             |                |                            |                         |                               |                                 |  |
| 4. OTHER FEE(S)  Fees Paid (\$)  |                             |                |                            |                         |                               |                                 |  |
| Non-English Specification, \$130 fee (no small entity discount)  |                             |                |                            |                         |                               |                                 |  |
| Other (e.g., late filing surcharge): 37 CFR 1.492(h)-Surcharge for Declaration 130.00  |                             |                |                            |                         |                               |                                 |  |
| SUBMITTED BY O O   |                             |                |                            |                         |                               |                                 |  |
| Signature /  | 001                         | 12000          | Registration No.           | 408                     | Telephone (858)               | 720-6300                        |  |
| Name (Print/Type) Nicola A. Pisano   | ·uV                         | -cur           | (Attorney/Agent) 34,       |                         | <del></del>                   | 7-05                            |  |
| (1 IIIIV 1 JPC/ INICOID A. FISANO  |                             |                |                            |                         | . ///                         | 7 - 0 4                         |  |

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